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CONFIRMATION NO. 6646

<b>SERIAL NUMBER</b> 10/624,809	<b>FILING OR 371(c) DATE</b> 07/21/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 01948/088004
<b>APPLICANTS</b> S. Ananth Karumanchi, West Roxbury, MA; Sharon Maynard, Newton, MA; Vikas P. Sukhatme, Newton, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/397,481 07/19/2002 and claims benefit of 60/451,796 03/03/2003 and claims benefit of 60/467,390 05/02/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/22/2003				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 40
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>ID</i>			<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 21559				
<b>TITLE</b> Methods of diagnosing and treating pre-eclampsia or eclampsia				
<b>FILING FEE RECEIVED</b> 2207	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	